

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>98 MAR 25 AM 10:14:9</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
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**DOCUMENT #** P95000060673

1. Corporation Name

LEECO COURT, INC.

Mailing Address

15685 Pine Ridge Road  
Fort Myers, FL 33908

Principal Place of Business

15685 Pine Ridge Road  
Fort Myers, FL 33908

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8-7-95

5. FEI Number

65-0729346

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P/D	RONALD E. FELTS	15685 Pine Ridge Road	Fort Myers, FL 33908
S/T/D	EDWINA R. FELTS	15685 Pine Ridge Road	Fort Myers, FL 33908

**REINSTATEMENT**

96-98

54 3-26-98

8. Name and Address of Current Registered Agent

TRUMAN J. COSTELLO  
12670 New Brittany Blvd. #101  
Fort Myers, FL 33907

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/25/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that: when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Edwina R. Felts* EDWINA R. FELTS

3/25/98

(941) 481-2613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6/94)